

## CLAIMANT'S REQUEST FOR PERSONAL WORKERS' COMPENSATION RECORDS

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In accordance with the provisions of Idaho Code § 9-342, the undersigned requests a copy of their own workers' compensation claims from the records of the Idaho Industrial Commission, as described below. Requestor agrees to pay all billable costs incurred in responding to this request under the Idaho Public Records Law.

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Requestor's Full Name:\*

Other Names Used:

Social Security Number:\*

Date(s) of Injury:\*

I.C. Claim Number:

Mailing Address:

Daytime Contact Phone #:\*

( ) \_\_\_\_\_

I.C. RESPONSE/NOTE AREA:

Records Requested:\*

Claims History Search, including IC claim status for:

☐ The past 5 years.

☐ The past \_\_\_\_ year period (not to exceed 30 yr).

Hardcopy of Electronic First Report of Injury of:

☐ The above noted claim.

☐ All claims in requested claims history search.

**(Note: Information may not be available for the following for claims closed more than 10 years ago.)**

Hardcopy of claim file contents of:

☐ The above noted claim.

☐ All claims in requested Claims History Search.

A copy of other workers' compensation records (Specify):

☐ Rehabilitation records    ☐ Adjudication records (closed files only)

☐ Other records (Describe): \_\_\_\_\_

☐ The undersigned requests that this information be provided directly to:

(Name) \_\_\_\_\_ at:

(Address) \_\_\_\_\_

\_\_\_\_\_ ,  
acting as agent for requestor.

Requesting Individual's Signature:\*

Date Signed:\*

(\* = Completion mandatory)

**SEND COMPLETED REQUEST TO: IDAHO INDUSTRIAL  
COMMISSION, ATTN: RECORDS MANAGEMENT, PO  
BOX 83720, BOISE, ID 83720-0041**